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# TRO-North Medical Management Webinar Series

Tue 21 Sep 2010 1100-1215 EDT  
Supplemental Health Care  
Program



# Series Purpose



This webinar series will provide the following:

- Provide education on current topics in DoD Medical Management
- Provide a dialog opportunity with and between MTFs, Services, VHA, MCSCs and TMA
- Promote networking among and between individuals performing

Medical Management, as used here, includes:

- Utilization Management
- Case/Care Management (RN, LCSW, non-medical)
- Disease Management
- Referral Management
- Administrative and clinical components

\*Not all topics will be relevant to the larger audience, please join when appropriate/convenient



# Intended Series Audience

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- MTF Medical Management Staff
- MTF Case Managers
- VHA Medical Management Staff
- VHA Case Managers
- Service Headquarters & Intermediate Command Medical Management Staff
- TMA & TRO Medical Management Staff
- MCSC Medical Management Staff
- Community and MTF Based Warrior Transition Units
- Service Wounded Warrior Program Members

Attendees may be:

- Military
- Government civilian
- Contractor
- Managed Care Support Contractor
- Others (e.g., volunteer)

\*Please sign in with your name and email in chat area to the left



# Webinar Ground Rules

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- This is an open forum. No personally identifiable information (PII), privileged health information (PHI), confidential & proprietary, acquisition sensitive or classified material, please
  - Please contact moderator to discuss sensitive cases in a more appropriate venue
- This speaker prefers questions: to be held for Q&A time. Questions in the chat box will be read at Q&A time.
- All information is applicable to broad audiences, unless qualified/specified
- You never know who's listening. Act like GrandMa's at your side



# Agenda

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- TRICARE Update and Follow-up [5 min]
- Week's Topic [50 min]
  - Supplemental Health Care Program
- Questions on Topic [10 min]
- Open Forum for Questions/Mini-Town Hall
  - Issues
  - Questions
  - Concerns
- Future topics
  - 19 Oct: TMA Disease Management Program [execution]
  - 16 Nov: VHA 101
  - 14 & 21 Dec: TBD [2 sessions, same topic, due to holiday leave]



# Update

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- [First edition, no follow-up from last time]
- T-3
  - North: transitioning for 1 APR 2011 start of healthcare delivery
  - South and West: Pending resolution of protest
- Clear & Legible Reports



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# Supplemental Health Care Program



# Objectives

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Upon completion of the session, the attendee shall be able to:

- Describe the Supplemental Health Care Program (SHCP)
- List and discuss two of the three uses for SHCP
- List and discuss five common misperceptions of SHCP
- Describe the process to request unproven care for an ADSM
- Describe the retrospective SHCP claims review process





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**S H C**  
**P**

Four letters,  
how complex can this be?



# What is SHCP?

- Supplemental Health Care Program is a funding authority under 32CFR199.16 specifically for:
  - The SHCP provides for the payment by the uniformed services to private sector health care providers for health care services provided to active duty members of the uniformed services [very common]
  - Health care services covered under TRICARE when ordered by an MTF provider for an MTF inpatient (not AD) for whom the MTF maintains responsibility [rare]
  - Occasional others, such as > 65 year olds not Medicare eligible [exceptionally rare]



# What's Different with SHCP?

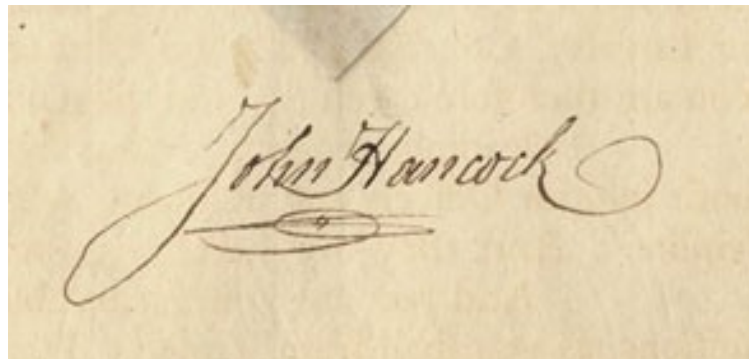


- No member cost-share [copayment]
- “Normal TRICARE coverage limitations will not apply to services rendered to supplemental health care patients. Services that have been authorized will be covered regardless of whether they would have ordinarily been covered under TRICARE policy.”
  - Impact: Most of Government No-Pay List and TRICARE Policy Manual restrictions do not apply [TRICARE Reimbursement Manual does, though (e.g., bundled billing, DRG, OPSS)]
- “On occasion a referral may be made for services from a provider of a type which is not TRICARE authorized.”
  - Impact: CARF accredited and non-standard providers and provider types may be used (if not sanctioned or suspended)
- “TRICARE utilization review and utilization management requirements will not apply”
  - Impact: The MTF makes medical necessity determination
- MCSC may pay 115% of TRICARE Maximum Allowable Rate without waiver





# Who Says?



John Hancock

- MTF Commander authorizes payment for AD beneficiaries receiving care in an MTF
- Military Medical Support Office (MMSO) authorizes payment for TRICARE Prime Remote active duty beneficiaries
  - No requirement to preauthorize primary care services that do not involve fitness for duty determinations, PRP, etc.
- Only Director, TMA may exercise discretionary authority to permit payment for any service requiring a waiver



# MTF Commander Responsibility

- MTF Commander (not MCSC) is responsible (and accountable) for determining whether care can be covered under SHCP
- MTF Commander may authorize:
  - Care that is part of TRICARE benefit
    - Unless prohibited by HA or Service policy
  - Care that is proven safe and effective even when not part of TRICARE benefit to assure adequate availability of health care services
    - Unless explicitly prohibited by statute or regulation
  - Care by providers or facilities that are not TRICARE-certified
    - Except when provider has been sanctioned or suspended
- MTF Commander may not authorize:
  - Services that are not medical or dental care
  - Experimental care or care not safe and effective

For TRICARE Prime Remote and un-enrolled ADSMs, MMSO authorizes care, using Service Specialty Consultants for medical authority determinations



# Role of Director, TMA

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- Director, TMA = ASD(Health Affairs)
- Director, TMA, has authority to approve certain types of care that cannot be approved by the MTF Commander or MMSO, for example:
  - Phase II or III clinical trials outside the TRICARE benefit
  - Compassionate use devices outside the TRICARE benefit
  - Care available only outside the United States
- Requires:
  - An authorized official of the uniformed service concerned must make the request
  - Service must be necessary to ensure adequate availability of health care services to the active duty service member
  - Proposed care must not be experimental care or care explicitly prohibited by statute

Flowchart SHCP for Active Duty

1. Has the provider been suspended or sanctioned by TRICARE?	<input type="checkbox"/> Yes Coverage not authorized. No waiver is possible.	<input type="checkbox"/> No Please proceed to Question 2
2. Is the requested care prohibited by policy? Services prohibited by policy include: -Chiropractic care - HA Policy 03-021 -Bariatric surgery - HA Policy 07-006	<input type="checkbox"/> Yes Coverage not authorized. Waiverable at the Director, TMA level.*	<input type="checkbox"/> No Please proceed to Question 3
3. Is the requested care part of the TRICARE benefit?	<input type="checkbox"/> Yes Coverage is authorized. Access standards pertain.	<input type="checkbox"/> No Please proceed to Question 4
4. Is the requested care medical or dental care? The SHCP authorizes purchase of medical and/or dental care for active duty members. If the service being considered is not medical or dental care (e.g., sit-ski for a paraplegic; sperm banking), then SHCP may not be used - 10 USC 1074(c)(1)	<input type="checkbox"/> Yes Please proceed to Question 5	<input type="checkbox"/> No Coverage not authorized. No waiver is possible.
5. Is the requested care prohibited by statute? Services explicitly prohibited by statute include: •Abortion (except when the life of the mother would be endangered if the fetus were carried to term) - 10 USC 1093 (a) prohibits use of DHP funds for elective abortion. •Research involving human subjects (unless the requirements of 32 CFR 219 have been satisfied) - 42 USC 300v-1(b)	<input type="checkbox"/> Yes Coverage not authorized. No waiver is possible.	<input type="checkbox"/> No Please proceed to Question 6
6. Are active duty members prohibited by regulation from receiving the requested care? Active duty are not necessarily precluded from obtaining healthcare services that are excluded from the TRICARE benefit by regulation, but the CFR does prohibit services that are not necessary to assure adequate availability of health care services. Examples include: • IVF, other non-coital reproductive technologies • Elective (not medically necessary) circumcision • Reversal of elective sterilization procedure • Cosmetic surgery (but “correction of minor dermatological blemishes and minor anatomical anomalies” is permitted)	<input type="checkbox"/> Yes Private elective coverage is prohibited by statute. Coverage not authorized nor waiverable at the Director, TMA level.	<input type="checkbox"/> No Please proceed to Question 7
7. Is the requested care proven safe and effective? As a general rule, the SHCP may be used only to procure care that is safe and effective. Phase II and III clinical trials under the DoD/NCI Cancer Clinical Trials Demonstration may be approved under SHCP, on a case by case basis. Examples of care that may not be approved under SHCP: • Phase II and III clinical trials outside the TRICARE benefit • Compassionate use devices outside the TRICARE benefit • Drug or device that has not yet received pre-market approval from the FDA • Phase I clinical trial • Care available only outside the United States [Member retains appeal rights when the MTF commander or MMSO determines care is not safe and effective; care found on appeal to be safe and effective may be approved for SHCP.]	<input type="checkbox"/> Yes Please proceed to Question 8	<input type="checkbox"/> No Coverage not authorized. Waiverable at the Director, TMA level.*

\*Upon the request of an authorized official of the uniformed service concerned, to ensure adequate availability of health care services to the ADSM. Applicable only under very un

Flowchart SHCP for Non Active Duty

<p>1. Is the beneficiary an inpatient AND still under the care of a military treatment facility provider (i.e., has not been disengaged)?</p> <p>The SHCP authorizes purchase of medical care for non-active duty members only when ordered by an MTF provider for an MTF inpatient for whom the MTF provider maintains responsibility.</p>	<p><input type="checkbox"/> Yes</p> <p>Please proceed to Question 2</p>	<p><input type="checkbox"/> No</p> <p>Coverage not authorized. No waiver is possible.</p>
<p>2. Is the provider a TRICARE-certified provider?</p>	<p><input type="checkbox"/> Yes</p> <p>Please proceed to Question 3</p>	<p><input type="checkbox"/> No</p> <p>Coverage not authorized. No waiver is possible.</p>
<p>3. Is the requested care part of the TRICARE benefit?</p>	<p><input type="checkbox"/> Yes</p> <p>Coverage is authorized. Access standards pertain.</p>	<p><input type="checkbox"/> No</p> <p>Please proceed to Question 4</p>
<p>4. Is the requested care medical care?</p> <p>The SHCP authorizes purchase of medical care for non-active duty members. If the service being considered is not medical care (e.g., cord blood banking; home whirlpool), then SHCP may not be used.</p>	<p><input type="checkbox"/> Yes</p> <p>Please proceed to Question 5</p>	<p><input type="checkbox"/> No</p> <p>Coverage not authorized. No waiver is possible.</p>
<p>5. Is the requested care prohibited by statute?</p> <p>Services explicitly prohibited by statute include:</p> <ul style="list-style-type: none"><li>-Abortion (except when the life of the mother would be endangered if the fetus were carried to term) - 10 USC 1093(a) prohibits use of DHP funds for elective abortion.</li><li>-Research involving human subjects (unless the req'ts of 32 CFR 219 have been satisfied) - 42 USC 300v-1(b)</li><li>-Cosmetic surgery - 10 USC 1079(a)(12)</li><li>-Care provided by a non-certified TRICARE institutional provider - 10 USC 1079(j)(3)</li></ul>	<p><input type="checkbox"/> Yes</p> <p>Coverage not authorized. No waiver is possible.</p>	<p><input type="checkbox"/> No</p> <p>Please proceed to Question 6</p>
<p>6. Is the requested care prohibited by regulation?</p> <p>Examples of services prohibited by regulation include:</p> <ul style="list-style-type: none"><li>-Care provided by a non-certified TRICARE individual provider - 32 CFR 199.4(b) and 199.4(c)</li><li>-Care related to complications of non-covered surgery - 32 CFR 199.4(e)(9)</li></ul>	<p><input type="checkbox"/> Yes</p> <p>Coverage not authorized. Waiverable at the Director, TMA level.*</p>	<p><input type="checkbox"/> No</p> <p>Please proceed to Question 7</p>
<p>7. Is the requested care medically necessary?</p>	<p><input type="checkbox"/> Yes</p> <p>Please proceed to Question 8</p>	<p><input type="checkbox"/> No</p> <p>Coverage not authorized. No waiver is possible.</p>
<p>8. Is the requested care proven safe and effective?</p> <p>Examples of services currently not considered proven safe and effective under TRICARE include:</p> <ul style="list-style-type: none"><li>- Phase I clinical trial</li><li>- Phase II and III clinical trials outside the TRICARE benefit</li><li>- Compassionate use devices outside the TRICARE benefit</li><li>- Drug or device that has not yet received pre-market approval from the FDA</li></ul>	<p><input type="checkbox"/> Yes</p> <p>Please proceed to Question 9</p>	<p><input type="checkbox"/> No</p> <p>Coverage not authorized. No waiver is possible.</p>
<p>9. Is the requested care prohibited by policy?</p> <p>Examples of services explicitly prohibited by policy include:</p> <ul style="list-style-type: none"><li>-FDA approved devices that are not part of the TRICARE benefit (e.g., cranial orthosis for positional plagiocephaly - TPM Chapter 8 Section 3.1; vagus nerve stimulator for refractory depression - TPM Chapter 4, Section 20.1)</li></ul>	<p><input type="checkbox"/> Yes</p> <p>Coverage not authorized. Waiverable at the Director, TMA level.*</p>	<p><input type="checkbox"/> No</p> <p>This is a case in which the TRICARE Policy Manual is silent on the service being requested. Coverage may be authorized at the discretion of the MTF Commander; access standards may or may not apply. The MCSC or TRO medical director can help determine the advisability of covering this service.</p>

\* Applicable only under very unusual and limited circumstances.





# Hierarchy of Evidence

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- Normally
  1. Well-controlled studies of clinically meaningful endpoints, published in refereed medical literature
  2. Published formal technology assessments
  3. Published reports of national professional medical associations
  4. Published national medical policy organization positions
  5. Published reports of national expert opinion organizations.
- Rare Diseases
  1. Trials published in refereed medical literature
  2. Formal technology assessments
  3. National medical policy organization positions
  4. National professional associations
  5. National expert opinion organizations



# Why “Just get’m care” is problematic

The Violates MHS

## Violation of Statute or Regulation

- Elective termination of pregnancy [10USC1093(a)]
- Cellular therapy [32CFR199.4(B)]
- Sexual addiction therapy [32CFR199.4(g)30)]
- Exercise equipment [32CFR199.4(g)(43)]
- Offlabel FDA devices [32CFR199.4(g)(15)(ii)]
- Hot tubs [10USC1074(c)(1) & 32CFR199.4(g)(44)]

## Policy

- Gastric bypass [HA 07-006]
- PC Chiropractic care [HA 07-028]
- Cosmetic surgery [HA 05-020]
- Software [must use Computer/Electronic Accommodations Program (CAP)]

**What happens:**  
**If there are sequelae?**  
**After retirement/separation?**

## Unproven Medically Safe & Effective

- [32CFR199.2(b)]
- Phase I drug trials
- Cellular therapy
- Non-FDA approved devices
- Treatments not provided in the US



# Examples of SHCP

<b>Mbr</b>	<b>Appropriate</b>	<b>Inappropriate</b>
ADSM	<ul style="list-style-type: none"><li>• Tobacco cessation counseling &amp; pharmacotherapy</li><li>• Weight loss counseling and pharmacotherapy</li></ul>	<ul style="list-style-type: none"><li>• Infertility treatment</li><li>• Sperm banking for testicular cancer</li><li>• Cosmetic Surgery</li><li>• Therapy w/non-FDA approved device</li></ul>
Non ADSM	<ul style="list-style-type: none"><li>• Head CT for inpatient when MTF's machine down</li><li>• Coronary angioplasty with return to MTF</li><li>• Second opinion for MTF provider</li></ul>	<ul style="list-style-type: none"><li>• Transfer to network for definitive care (disengagement)</li><li>• Acupuncture or chiropractic</li><li>• Change in level of care (MTF→Nursing Home)</li></ul>



# Waivers

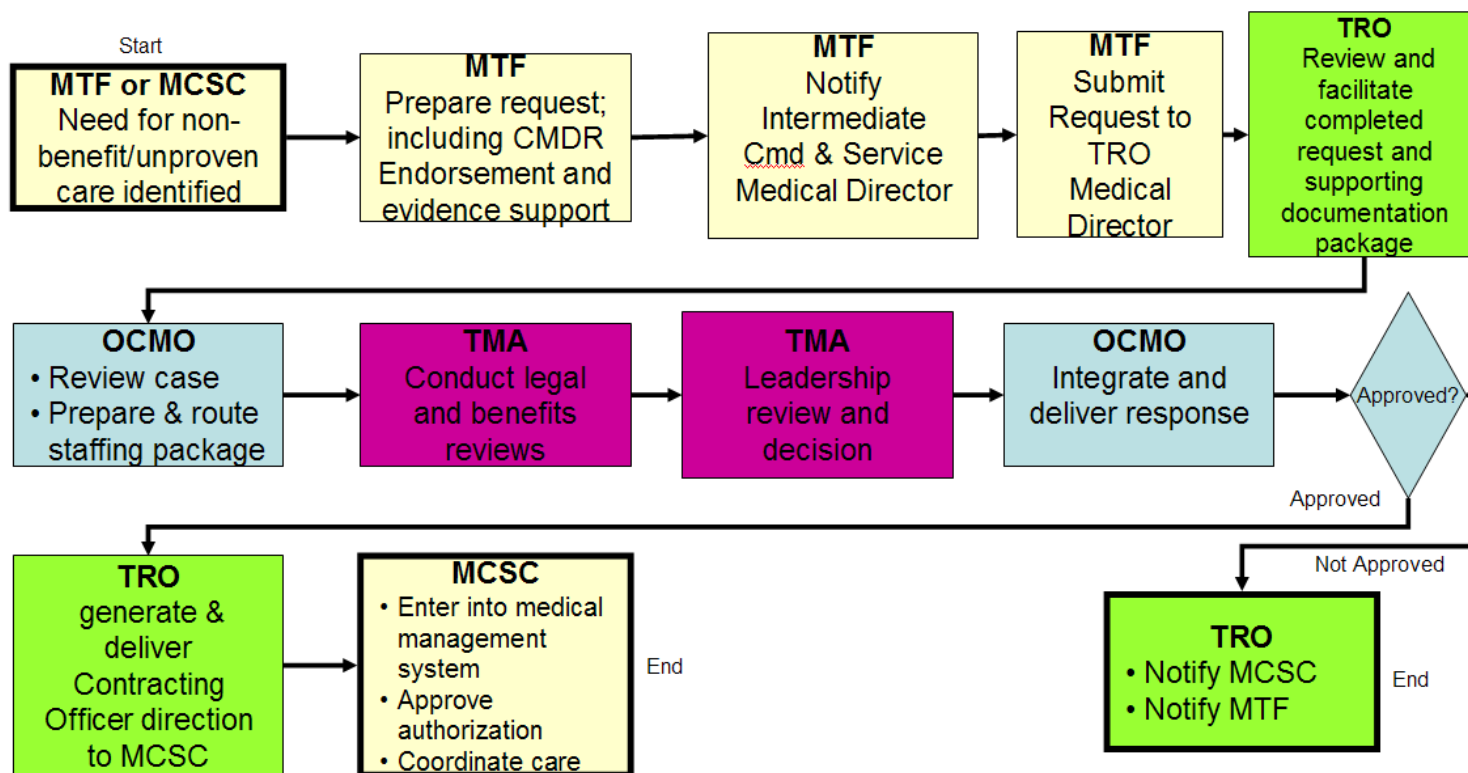
- Intended to be very rare occurrences
- To ensure availability of health care. Often as “not fit, but will be made fit”
- Waiver package makes easier to “fill in the blanks”
  - Reason—why exceptional
  - Evidence/literature
  - What was tried before
  - What happens is not approved
- MTF Commander approves
- Coordinated with Service Medical Director
- Waiver submission must occur before con order/ad hoc goes to the MCSC





# ADSM Waiver Process

## Request to Exercise Discretionary Authority (process)



Version 3-8/03/2010



# Examples of SHCP Waivers

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- Three cervical disks (FDA approved for single level) inserted in MTF. Following multiple sequelae, needed to be removed in network
- ADASM with aggressive cancer has exhausted normal care options. Drugs under trial posed only option
- ADASM requires vascular stent (under trials for FDA full approval) as sole treatment for inoperable aneurysm



# Top 10 Myths of SHCP

- #10: “Our MTF has run out of SHCP funds for this quarter”
  - SHCP funds are not allocated by MTF. The MTF does not budget or manage this budget
- #9: “My DCCS said to, and it’s **our** money...you *have* to”
  - SHCP is executed at **the direction** of the MTF Commander, but is not MTF funds. If illegal or violates code/reg/policy will engage Service/intermediate command
- #8: “I can’t send my soldier/sailor out to the network for orthotics, they’re not a covered benefit”
  - The TPM and most of Government No Pay List do not apply
  - Hint: if you anticipate non-benefit care, put in referral “...including orthotics if needed” to be clear on your intentions
- #7: “That Reservist’s LoD hasn’t gone through yet...this MTF can’t write a referral”
  - Under TOM CH 18 Sect 3 the MTF referral provides eligibility and direction to execute care
- #6: My Medical Management program is only for my enrolled individuals
  - Check with Service policy. Most Services focus that the MTF is responsible for the care they write



# Top 10 Myths of SHCP (cont.)

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- #5: “Dr. Spouse is always right. We *have* to give the ADSM what they want”
  - The MTF Commander is responsible for the necessity and appropriateness of care
- #4: “Rehabilitation [as opposed to exercise] equipment is medically necessary for weight control and cardio-vascular health”
  - If true, would issue a Bowflex to all ADSMs at boot camp
- #3: “We owe them everything”
  - We owe medically safe, effective and legal care
- #2: “But the internet says it works”
  - Time for remedial evidence based medicine/practice refresher
- #1: “It’s not my money, what do I care?”
  - Violations of CFR and inappropriate use of funds get attention of Service HQ and intermediate commands (especially the lawyers)
  - Given Sec Gate’s drive for good financial stewardship, please do what’s right





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# Not sure about this therapy/device?

Give the TRO a call



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# Retrospective SHCP Claims



# Retrospective Supplemental Health Care Program Claim Review



- SHCP ADSM claim has no matching referral/authorization
- Highly customized in north; i.e., 54 MTFs, 54 sets of business rules
- Very tight processing timelines in TOM
  - 1 day MCSC processing
  - 4 days MTF review
  - 1 day MCSC processing
  - Auto pay if not returned in 6 business days (on rare occasions can recoup later, if needed)
- Why?
  - Readiness (might cause board or absence of record)
  - MTF delivered care (e.g., IVF)
  - Might entice ADSM to receive care outside direct care system

Reference





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# Open Forum for Questions/ Mini-Town Hall

[All things Medical Management are fair  
game]

- Questions
- Issues
- Clarifications
- “How do I’s”



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# For More Information

TRO N Website  
(<http://www.tricare.mil/tronorth/default.cfm>)



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# Back-up



# Retro SHCP Authority

CH 18 Sect 3

## 1.2.8. Claims Received With Both MTF-Referred And Non-Referred Lines

The contractor shall use the same best business practices as used for other Prime enrollees in determining Episode Of Care (EOC) when the claims are received with lines of care that contain both MTF-Referred and non-referred lines. **Claims received which contain services outside the originally referred EOC on an Active Duty Service Member (ADSM) must come back to the Primary Care Manager (PCM) for approval.** Laboratory tests, radiology tests, echocardiogram, holter monitors, pulmonary function tests, and routine treadmills associated with that EOC may be considered part of the originally requested services and do not need to come back to the PCM for approval.

**1.3.1.2** If an authorization is not on file, then the contractor shall place the claim in a pending file and verify authorization with the MTF to which the ADSM is enrolled. The contractor shall **contact the MTF within one working day**. If the MTF retroactively authorizes the care, then the contractor shall enter the authorization and notify the claims processor to process the claim for payment. If the MTF determines that the care was not authorized, the contractor shall notify the claims processor and an Explanation of Benefits (EOB) denying the claim shall be initiated. **If the contractor does not receive the MTF's response within four working days**, the contractor shall, **within one working day**, enter the contractor's authorization code into the contractor's claims processing system. Claims authorized due to a lack of response from the MTF shall be considered as "Referred Care."



# Embedded Forms

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SHCP Worksheet

- SHCP Worksheet



Non-benefit-unproven Care Waiver

- ADSM Non-benefit care waiver Request



RetroSHCP Process

- Go-by for retro-SHCP review